OPRA welcomes the opportunity to provide input into Ohio’s IAP work on VBP with CMS. We are supportive of incentives targeted toward stabilizing a quality direct support professional workforce for Ohio, and aligned with DODD’s goals of promoting the workforce and reducing administrative burdens. We have been carefully considering what measures would best support these incentives. We have found that few existing measures of HCBS workforce are complete. This reflects broader challenges in the area of HCBS measurement. As the State Health Access Data Assistance Center concluded in its 2017 review of HCBS measures, quality measurement and data for HCBS measures lags behind those for physical health.

Any workforce measure needs to align incentives appropriately. We have, for example, considered measuring workforce retention, hiring or salaries. Each of these measures would lead to an incomplete assessment of actual workforce performance by individual agencies, and all three fall short of measuring what actually has an impact on beneficiary health and well-being. For that reason, we recommend a staged approach that may lead to the implementation of such incentives in all IDD waiver services and ICF’s/IID. We would welcome the IAP team’s input and perspective into the development of appropriate measures, including whether there are existing workforce measurements that have been used in other states, and what those states’ experiences have been.

In OPRA’s view, any chosen incentive(s) should be:

1. achievable
2. within the control of the provider
3. measurable
4. impactful on quality
5. directed primarily for use with DSP’s
6. easily reported so as to not add administrative burden to the provider or others.

Thoughts to guide our work:

* The direct support professional (DSP) workforce crisis is a major factor that places the greatest challenge to achieving positive outcomes for people with IDD., The need for meaningful interventions to strengthen this workforce is urgent and cannot be deferred.
* The current system is based on activities (units of staff time) and not on outcomes for people served. The de facto solution for people with IDD that present for services is a staff-centric intervention.
* Disproportionate resources are dedicated to time-intensive administrative activities and documentation that add little or no value to the care being provided.
* Given 10 – 20% DSP position vacancies, 50% DSP turnover rate, DSP wages hovering around poverty level and the staff-centric model of our system, Ohio’s system faces significant challenges that risk compromising high quality care for this population.

The DODD subcommittee on long-term waiver reimbursement reform developed a set of principles that is guiding its ongoing work. The principles reflect the goals and objectives the subcommittee considers to be of the highest importance in discussions of whether changes to the current model of caring for people with I/DD should be considered, and if so what those changes might be. Any workforce incentives should not be misaligned with any of these guiding principles.

1. No person with IDD should lose needed services
2. Use the person-centered planning process to achieve community integration and enhanced community connections
3. No loss of current funding
4. An adequate workforce must be available
5. People with I/DD must be healthy and safe, but not be denied the dignity of risk
6. Funding must relate to the cost of living
7. Change financial incentives so they get us where we want to be
8. Reduce administrative cost
9. Give people with disabilities, families and guardians greater control: allocate the person the budget and, with conflict free support, allow the person to decide what they want/their outcomes they want, and select who provides the service and what is paid.
10. Greater flexibility for providers and county boards to support the individual to achieve their desired outcome.

Need to address:

* Identify measures that demonstrate an agency¹s commitment to direct support professionals
* Identify the data necessary to verify the agency meets the standard
* Specify how agencies would gather/produce the data in an efficient manner.

Stage One: VBP TA subject matter expert develop an environmental scan of all such workforce incentives in: a. IDD waiver services and ICF’s/IID; b. other Medicaid funded services, including an assessment of the data used to develop and implement the measure and the administrative burden involved in doing so.

Stage Two: The DODD long-term waiver reimbursement workgroup completes an analysis of the existing measures and incentives and their applicability to Ohio, as well as an analysis of any other incentives that may not be implemented anywhere yet.

Stage Three: The DODD long-term waiver reimbursement workgroup reaches consensus on the incentive(s) that are to be recommended to DODD for implementation.

Stage Four: DODD decides to accept, reject or modify the recommendation(s) of the DODD long-term waiver reimbursement workgroup.